

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

12 CV 02334

Mr. James Hyatt

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Mr. ThorpSuperintendent
William A. Lee

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)FILED
U.S. DISTRICT COURT
12 MAR 28 P 4:1
S.D. OF N.Y.

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr. James Hyatt
ID # 01A6128
Current Institution Green Haven
Address Stormville, New York
P.O. Box 4000 12582-0010

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Mr. Thorp Shield # _____
Where Currently Employed Green Haven Corr. Facility
Address Stormville, New York 12582-0010
P.O. Box 4000

Defendant No. 2 Name Mr Thorp Shield # N/A
 Where Currently Employed Green Haven C.F.
 Address Stormville New York
P.O. Box 4000 12582-0010
Superintendent

Defendant No. 3 Name Mr. William A. Lee Shield # N/A
 Where Currently Employed Green Haven Corr. Fac.
 Address Stormville New York
P.O. Box 4000 12582-0010

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
Green Haven Correctional Facility
- B. Where in the institution did the events giving rise to your claim(s) occur?
A-Block First Floor A-post.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
2/25/12 AT 9:30^{P.M.} - 10:00^{P.M.}

D. Facts: ON 2/25/12. Return From clinic call out (9:00AM)
I was searched and Assaulted by (B-Officer) Kick
Stomped Pouch (Back, head, Neck, Ribs) Hit on The bottom
of Feet with search wand also Threaten said wound
shaved up rectum.

What
happened
to you?

Who did
what?

Officer Thorp carried out all The above
Assaults.

Was
anyone
else
involved?

There was Now one eals involved.

Who else
saw what
happened?

A - Officer Wesley was in They care
At Time of said incident.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Server back pain Ribs on left side

back and neck also Report Assault to Nurse Colony
ON 2/25/12 (4:00PM) Sargent Hughes was called Report and
pictures was taken (see Nurse report) 3-11 Shift Nurse.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Green Haven Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? All of my Complaints

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? All Complaints
was Grieved.

2. What was the result, if any? Denied by Superintendent
William A. Lee

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Sent to Albany No reply
as of this writing

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

*Mrs. Murphy (Inspector General's Office)
 Supt. William A. Lee, Interview By Mrs. Murphy,
 No interview by Supt. Lee.*

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *I am asking the Court to grant me the amount of \$1 million for physical and emotional injuries. I hope that this will grant the above therein.*

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Mon day of Mar. 19, 2012.

Signature of Plaintiff Mr. James Hyatt
Inmate Number 01A6128
Institution Address Green Haven C.F.
P.O. Box 9000
Stormville, New York
12582-0010

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this Mon day of Mar. 19, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Mr. James Hyatt